C02 Web date: 11/26/2012

King County Department of Permitting and Environmental Review 35030 SE Douglas Street, Suite 210 Spogualmie, Washington, 98065-926

Applicant Status

For alternate formats, call 206-296-6600.

Certification of

Snoqualmie, Washington 98065-9266 **206-296-6600** TTY Relay: 711
www.kingcounty.gov

Permit Number:	Activity #:
Permit Name:	
FOR INDIVIDUALS:	
I,	(print name), hereby certify that I am
	subject of this permit. If I am not the sole owner of the property, I other owners of the property. My mailing address is:
will receive any refunds paid. I shall remain	this permit and as such am financially responsible for all fees and the "Applicant" for the duration of this permit unless I transfer my
<pre>'applicant' status in writing on the form prov (Permitting) *</pre>	rided by the Department of Permitting and Environmental Review
Signature of Applicant	Date Signed
	- OR -
FOR CORPORATIONS/BUSINESS ASSO	CIATIONS:
I,	(print name), hereby certify that I am
an authorized agent of	, a corporation or other
property that is the subject of this permit.	iness in the State of Washington, which is the sole owner of the If this corporation or business association is not the sole owner of business association is authorized to represent all other owners of
such is financially responsible for all fees as	pration/business association is the "Applicant" for this permit and as and will receive any refunds paid. This corporation/business the duration of this permit unless it transfers its 'applicant' status in nent of Permitting.
*	
Signature of Applicant's Ag	ent Date Signed
*By signing as the Applicant or the Applicant's	Agent, I certify under penalty of perjury under the laws of the State of

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Washington that the information provided above is true and correct.

NOTICE TO APPLICANTS: By law, the Department of Permitting returns all engineering and other plans to the applicant. If, however, you wish to authorize the department to return engineering and other plans directly to the engineer, architect, or other consultant <u>for the limited purpose of making corrections</u> , please designate below:
☐ I authorize the Permitting Department to return my plans directly to my consultant(s) for the limited purpose of making corrections as designated on this form.
CONSULTANTS:

Check out the Permitting Web site at www.kingcounty.gov/permits

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